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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

					01-28-1999 90012 021	***152 75
DOCUMENT # J82769 1. Corporation Name EDICUME HOME CARE INC.					01-28-1999 90012 021	150.75
EPICURE	E HOME CARE, INC.					
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Bata at 1 of	of Dunings	Mailing Address		 :		II 81011 01011 01011 01011 01011 61011 1001
Principal Place 3700 GEORGIA	•	3700 GEORGIA AVE				
S-2		S-2		•		
W PALM BCH FL 33405		W PALM BCH FL 33405 US		DO NOT WRITE IN 3. Date Incorporated or Qualified	N THIS SPACE	
US		US .			07/15/1987	
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
2. Principal Place of Business		26		59-2827214	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27				Fee Required
City & Stat	e ,	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country	Zip Country		8. This corporation owes the current y		
Zip 24	25	29	30		Personal Property Tax.	Yes Yes
<u>!</u>	9. Name and Address of Current	7.7			10. Name and Address of New Regis	stered Agent
nco	1. Francisco de Care		81	Name		
	OKS, EDWARD K GEORGIA AVE	•	82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
#2	ALVINIA ATL		83	ļ	্ত্ৰ ক্ৰিছে কৰিছে বিশ্ব বিশ্র বিশ্ব বিশ্র	1 4 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ALM BCH FL 33405	. •		-		
		•	84	City.	And the second devices the second devices the second	Fi 85 Zip Code
			· 1	1		
41. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	tes, the above	e-named com	poration submits this statement for the purp	pose of changing its registered
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State of	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the above authorized by orida Statutes	e-named corp the corporation	poration submits this statement for the purpion's board of directors. I hereby accept the	pose of changing its registered appointment as registered
131	XXXXIII SOUTH	towerk, Less,	es / " ()	<i>,</i>	poration submits this statement for the purp ion's board of directors. I hereby accept the	pose of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	: Registered Ager	<i>,</i>	ed when reinstating)	SATE
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	towerk, Less,	es / " ()	<i>,</i>	ed when reinstating), ADDITIONS/CHANGES TO OFFICE	SATE
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS ANI	and title if applicable. (NOTE	Registered Ager	<i>,</i>	ed when reinstating)	ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	and title if applicable. (NOTE	E: Registered Ager 13. 1.1 TITLE 1.2 NAME	<i>,</i>	ed when reinstating), ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS ANI D BROOKS, EDWARD K.	at and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require	ed when reinstating), ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D BROOKS, EDWARD K. 3700 GEORGIA AVE., #2	and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature require	ed when reinstating), ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copporation or the receiver or frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of an attachment with an address with all other like empowered.

SIGNATURE